O. P. 4 7006 20 4

/ AUG *	<i>tt</i> /	_								
Stewa AME	Docket No. 0171-0811P									
Applicatio 10/045,084-Co		Filing January 1		Examiner K. D. Walker	Art Unit					
		·	3, 2002	N. D. Walker	1745					
Invention: BATTE	RY ACTIVE M	ATERIAL POVIDARY CELL E			COMPOSITION FOR L, CARBONACEOUS					
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223 Transmitted here The fee has been	313-1450 with is an ame			• •						
CLAIMS AS AMENDED										
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate						
Total Claims	19	- 39 =	0	х						
Independent Claims	3	- 4 =	0	x						
Multiple Dependent Claims (check if applicable)										
Other fee (please specify): Extension for response within first month 120.00										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 120.00										
x Large Entity				Small Entity						
No additiona	Il fee is require	d for this amer	ndment.	-						
Please charge Deposit Account No. 02-2448 in the amount of \$ A duplicate copy of this sheet is enclosed.										
X A check in the amount of \$120.00 is enclosed.										
Payment by	credit card. Fo	orm PTO-2038	is attached.							
	is hereby auth I below. A dup			Deposit Account No enclosed.	02-2448					
x Credit ar	ny overpaymen	nt.								
x Charge a			n processing f	ees required under 37	CFR 1.16 and 1.17.					
White		ve	 /	Dated:/	August 14, 2006					
Gerald M. Murp Attorney Reg. N		32,1	87							
BIRCH, STEWA 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	e Road		₋ P							
		· 			<u> </u>					



PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032

Under the Page OF R	, aduction Act of 1995.	, no person are require	d to respond to <u>a co</u>	election of informa	ation unless it displa	ys a valid OMB o	control number			
Fees pursuant to the Conso				respond to a collection of information unless it displays a valid OMB control number Complete if Known						
	Application	Application Number 10		10/045,084-Conf. #2914						
FEE TR	Filing Date		January 15, 2002							
Fo	r FY 2006	3	First Name	ed Inventor	Takaya SATO					
			Examiner N	lame	K. D. Walker					
Applicant claims si	mall entity status. S	See 37 CFR 1.27	Art Unit		1745					
TOTAL AMOUNT OF P	AYMENT	(\$) 120.00	Attorney Do	ocket No.	0171-0811P					
METHOD OF PAYM	ENT (check all the	nat apply)								
X Check Credi	it Card M	Ioney Order	None O	ther (please ide	ntify):					
Deposit Account	Deposit Account Numb	ـــــ _{er:} 02-2448 _{Deposi}	t Account Name:	Birch, S	tewart, Kolascl	h & Birch, Ll	_P			
For the above-id	entified deposit a	ccount, the Direct	or is hereby auth	norized to: (che	eck all that apply)				
	e(s) indicated bel	•	<u></u>	•	ndicated below, e	•	e filing fee			
Charge an	y additional fee(s) or underpaymen	of xc	redit any over	payments					
fee(s) und	er 37 CFR 1.16									
FEE CALCULATION			pon filing or i	may be subj	ect to a surch	arge.)				
1. BASIC FILING, SEAR			SEARCH FEE	S EYAMI	NATION FEES	2				
		Small Entity	Small Er		Small Entity	,				
Application Type	Fee (\$)	Fee (\$) Fe	e (\$) Fee (\$	_	· · · · · · · · · · · · · · · · · · ·	Fees Pa	aid (\$)			
Utility	300	150 5	00 250	200	100					
Design	200	100 1	00 50	130	65					
Plant	200	100 3	00 150	160	80					
Reissue	300	150 5	00 250	600	300					
Provisional	200	100	0 0	0	0					
2. EXCESS CLAIM FEE	s					<u>s</u>	mall Entity			
Fee Description						<u>Fee (\$)</u>	<u>Fee (\$)</u>			
Each claim over 20 (incl						50	25			
Each independent claim	over 3 (including	g Reissues)				200	100			
Multiple dependent clair	ns					360	180			
Total Claims Ext	tra Claims Fo	ee (\$) Fo	ee Paid (\$)	'aid (\$) <u>Multiple</u>		<u>le Dependent Claims</u>				
1939 =	x	=		<u>F</u>	ee (\$)	Fee Paid (\$)				
HP = highest number of total	claims paid for, if gre						-			
		ee (\$) Fo	ee Paid (\$)							
3 -4 = HP = highest number of inde	nendent claims naid	for if greater than 3								
3. APPLICATION SIZE F	•	ior, ii grootor atam o.		_		_	-			
If the specification and		1 100 sheets of par	ner (excluding e	lectronically f	iled sequence or	computer				
listings under 37 CF										
sheets or fraction the					• /					
Total Sheets	Extra Sheets	Number of eac	h additional 50 o	r fraction there	of <u>Fee (\$)</u>	Fee Pa	aid (\$)			
100 =		/50	(round up to	a whole number)	×	=				
4. OTHER FEE(S)						Fees P	aid (\$)			
Non-English Specific	ation, \$130 fee	(no small entity d	iscount)							
Other (e.g., late filing	; surcharge): 12	51 Extension for	response with	in first month)	120	.00			
SUBMITTED BY		7								
Signature /	rane /	are.	Registration No (Attorney/Agent		Telephone	(703) 205	-8000			
Name (Print/Type) Gerald	M. Murphy, Jr.	32		·	Date	August 14,	, 2006			